UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

JUL 15 2015

REPLY TO THE ATTENTION OF:

CERTIFIED MAIL 7009 1680 0000 7669 3424
RETURN RECEIPT REQUESTED

Mr. Tim Wiza
Safety Coordinator
Wheaton Franciscan Healthcare
19333 West North Avenue
Brookfield, Wisconsin 53045

Re: Notice of Violation
Compliance Evaluation Inspection
Wheaton Franciscan Healthcare - Elmbrook Memorial Hospital
EPA ID: WID982630261

Dear Mr. Wiza:

On May 19, 2015, a representative of the U.S. Environmental Protection Agency inspected the Wheaton Franciscan Healthcare – Elmbrook Memorial Hospital ("WFEH") facility located in Brookfield, Wisconsin. As a large quantity generator of hazardous waste, WFEH is subject to the Resource Conservation and Recovery Act, 42 U.S.C. § 6901 et seq. (RCRA). The purpose of the inspection was to evaluate WFEH's compliance with certain provisions of RCRA and its implementing regulations related to the generation, treatment and storage of hazardous waste. A copy of the inspection report is enclosed for your reference.

Based on information provided by WFEH, EPA's review of records pertaining to WFEH, and the inspector's observations, EPA has determined that WFEH has unlawfully stored hazardous waste without a license or interim status as a result of WFEH's violation of certain requirements for a license exemption under Wis. Admin. Code § NR 662.034(1)-(3). EPA has identified the license exemption requirement(s) violated by WFEH as of the date of the inspection in paragraphs 1- 2, below.

Also, EPA has determined that WFEH violated RCRA requirements related to hazardous waste determinations and universal waste as described in paragraphs 3-4, below.

STORAGE OF HAZARDOUS WASTE WITHOUT A LICENSE OR INTERIM STATUS

At the time of the inspection, WFEH violated the following large quantity generator license exemption requirements:

1. Hazardous Waste Accumulation

Under Wis. Admin. Code § NR 662.034(1)(b) [40 C.F.R. § 262.34(a)(2)] a large quantity generator may accumulate hazardous waste on-site for 90 days or less without a license or interim status provided that, inter alia, the date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.

At the time of the inspection, WFEH maintained in the "Gross" laboratory one 30-gallon drum of spent xylene that was generated in the histology laboratory located across the hall. The container was not marked with the date upon which the period of accumulation began. This drum was being managed as a satellite container at the time of the inspection, but was not located at or near the point of generation.

2. Personnel Training

A large quantity generator of hazardous waste must do the following, inter alia, with respect to personnel training:

- Maintain documentation of the job title and job description for each position at the facility related to hazardous waste management, and the name of each employee filling that job.
  See, Wis. Admin. Code § NR 665.0016(4)(a) and (b) [40 C.F.R. § 265.16(d)(1) and (2)];
- Maintain a written description of the type and amount of introductory and continuing training that will be given to these employees.
  See, Wis. Admin. Code § NR 665.0016(4)(c) [40 C.F.R. § 265.16(d)(3)];
- Provide a program of class-room instruction or on-the-job training for hazardous waste management employees that follows the document created under Wis. Admin. Code § NR 665.0016(4)(c) [40 C.F.R. § 265.16(d)(3)].
  See, Wis. Admin. Code § NR 665.0016(1)(a) [40 C.F.R. § 265.16(a)(1)]; and,
- Maintain records of training provided within six months of the effective date of employment/assignment and annually thereafter.
  See, Wis. Admin. Code § NR 665.0016(2), (3), and (4)(d) [40 C.F.R. § 265.16(b), (c), and (d)(4)];

At the time of the inspection:

- WFEH did not have a list of job titles, job descriptions or the names of the employees in these positions as they related to hazardous waste management.
- WHEH did not have written descriptions of the type and amount of introductory and continuing RCRA-based training to be provided for such employees.
- Records of RCRA-based training for all employees (excluding the nursing staff) whose job descriptions included hazardous waste management were not available for review.

Summary of license exemption requirements: By violating the requirements for a license exemption, above, WFEH became an operator of a hazardous waste storage facility, and was required to obtain a Wisconsin hazardous waste storage license. WFEH failed to apply for such a license. WFEH's failure to apply for and obtain a hazardous waste storage license violated the requirements of Wis. Admin. Code §§ NR 680.30, 680.31, and 680.32 [40 C.F.R. §§ 270.1(c), and 270.10(a) and (d)].

WASTE DETERMINATION AND UNIVERSAL WASTE VIOLATIONS

3. Hazardous Waste Determination

   Under Wis. Admin. Code § NR 662.011[40 C.F.R. § 262.11], a generator must determine whether its waste is hazardous. Under Wis. Admin. Code § NR 662.040(3) [40 C.F.R. § 262.40(c)], a record documenting these determinations must be kept on file.

   At the time of the inspection, WFEH had not made a hazardous waste determination for cardiac electrodes used at the facility. WFEH therefore violated the above-referenced generator requirement.

   Note: Lead aprons are managed at this facility as exempt scrap metal sent for recycling under the regulation Wis. Admin. Code § NR 661.04(1)(m) [40 C.F.R. § 261.4(a)(13)], which states that excluded scrap metal (processed scrap metal, unprocessed home scrap metal, and unprocessed prompt scrap metal) being recycled is not a solid waste. The discarded lead aprons, however, do not fit under these categories of scrap metal, and therefore would still considered hazardous wastes even when recycled. A possible exemption may be found under Wis. Admin. Code § NR 661.06(1)(c)2. [40 C.F.R. 261.6(a)(3)(ii)].

4. Universal Waste Requirement

   Under Wis. Admin. Code § NR 673.14(1) [40 C.F.R. § 273.14(a)], a small quantity handler of universal waste must label or clearly mark each lamp or a container or package in which used batteries are contained with any one of the following phrases: "Universal Waste-Batteries," or "Waste Batteries," or "Used Batteries."

   At the time of the inspection, WFEH's 5-gallon container of batteries located in the 90-day storage area near the loading docks was not labeled with the phrases noted above.

CONCLUSION

At this time, EPA is not requiring WFEH to apply for a Wisconsin hazardous waste storage license so long as it immediately establishes compliance with the requirements for a license exemption outlined in paragraphs 1-2, above.

According to Section 3008(a) of RCRA, EPA may issue an order assessing a civil penalty for any past or current violation, requiring compliance immediately or within a specified time

period, or both. Although this letter is not such an order or a request for information under Section 3007 of RCRA, 42 U.S.C. § 6927, we request that you submit a response in writing to us no later than 30 days after receipt of this letter documenting the actions, if any, which you have taken since the inspection to establish compliance with each of the above requirements (paragraphs 1-4). You should submit your response to Brenda Whitney, U.S. EPA, Region 5, 77 West Jackson Boulevard, LR-8J, Chicago, Illinois 60604."

If you have any questions regarding this letter, please contact Ms. Whitney, of my staff, at 312-353-4796 or at whitney.brenda@epa.gov.

Sincerely,

Gary J. Victorine, Chief
RCRA Branch

Enclosure

cc: Michael Ellenbecker, WDNR, Michael.Ellenbecker@wisconsin.gov

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, ILLINOIS 60604

Compliance Evaluation Inspection Report

Date of Inspection:	May 19, 2015
Facility Name:	Wheaton Franciscan – Elmbrook Hospital
Facility Address:	19333 W. North Avenue Brookfield, Wisconsin 53045
EPA RCRA ID Number:	WID982630261
Generator Status:	Large Quantity Generator
Facility Contact:	Amy Lentes Director – Environmental Services
EPA Representatives:	Brenda Whitney - Environmental Engineer Compliance Section 2 RCRA Branch Land and Chemicals Division

Prepared By: Brenda Whitney – Environmental Engineer — 6-8-15 Date

Approved By: Julie Morris – Chief, Compliance Section 2 — 6/11/15 Date

Purpose of the Inspection

An unannounced Compliance Evaluation Inspection (CEI) of the Wheaton Franciscan Elmbrook Hospital ("WFEH" or "Facility") located at 19333 W. North Avenue in Brookfield, Wisconsin, took place on May 19, 2015. WFEH has notified as a large quantity generator (LQG). The compliance evaluation inspection (CEI) was an evaluation of WFEH's compliance with LQG hazardous waste regulations codified at the authorized Wisconsin Administrative Code and the Code of Federal Regulations. A representative from the Wisconsin Department of Natural Resources was unable to participate in this CEI.

Participants

The following people were present for part or all of this inspection:

Ashantic Hicks – Manager, Environmental Services	WFEH
Amy Lentes – Director, Environmental Services North American Market	WFEH
Leslie Berendt – Safety Coordinator – St. Joseph's Hospital	Wheaton Franciscan – St. Joseph's Hospital
Jack Lewis – Manager, Environmental Services	WFEH
Heather Slottke – Supervisor, Maintenance	WFEH
Brenda Whitney – Environmental Engineer	EPA

Introduction

I arrived at the site at 9 a.m. The receptionist at the front desk contacted Ms. Hicks, who came to the front lobby to meet me. After presenting my credentials, Ms. Hicks brought me to the Environmental Services office where she was able to contact Ms. Lentes, Ms. Berendt and Mr. Lewis, who were all off-site, but wished to participate in the inspection. As we waited for their arrival, Ms. Hicks explained the waste management systems used at the facility and also provided some information on the type of waste training provided at the facility. She then accompanied me to the sterile processing center and central waste storage area. See the "Site Tour" portion of this report for my observations in these areas.

When all interested parties had arrived at WFEH, I reintroduced myself and delineated the purpose of the inspection. I presented the group with a list of potential areas to tour as well as a list of documents that I would be reviewing after the walk-through. I also informed the group that I would be taking photographs during the CEI as needed. We continued to discuss WFEH's waste generation sources and management procedures before departing for the tour.

Site Description

The following information about WFEH is based on the personal observations of the EPA inspector and on representations made during the inspection by the Facility personnel identified above or within the text.

WFEH was founded in 1969, and is one of family of hospitals under the Wheaton Franciscan umbrella. WFEH is contained within one six-story building approximately 500,000 ft^2 in floor space. The number of employees at the facility was not confirmed during the inspection and the number of beds was estimated at 150.

The main hazardous wastes generated at this facility have been identified as pharmaceuticals that are not returned for reverse distribution and xylene collected in the histology laboratory. Wastes generated in the chemistry laboratory are mostly sewered, including stains and alcohol. Lead aprons are managed as hazardous wastes from the imaging department as are old x-ray films that are discarded after a 10-year holding period. It was unknown at the time of the inspection if barium contrasts from imaging have been determined to be hazardous. Other wastes generated include universal waste lamps and batteries, electronic wastes, used oil and related spill clean-up absorbents or rags.

Management of hazardous waste is standardized throughout the hospital. Black rigid boxes are used to collect hazardous wastes, whereas non-hazardous wastes are managed in blue containers. Regulated medical infectious wastes are placed in red containers or bags. According to Bill Herrick, who is a representative from Stericycle (the waste vendor), bulk chemotherapy waste, such as a discarded IV bag containing measurable amounts of pharmaceutical, should be managed as a hazardous waste in black containers. Trace chemotherapy waste, such as uncontaminated PPE worn while compounding the chemotherapy cocktail, is managed as non-hazardous waste and is placed in yellow containers.

The black boxes appear in the laboratories, pharmacies, imaging suites, and "med" rooms, as well as in the operating and emergency departments. Black boxes are provided also for anesthesiologist carts. The med rooms are located in patient care areas which are accessed by nurses. Automated dispensing units (ADU) are located in the med rooms. These machines are used as mobile computerized pharmaceutical dispensaries which are serviced by the pharmacy and accessed for disbursement by the nurses. Pharmaceuticals that are wasted by nurses are emptied into the black boxes. An effort is being made to segregate P-listed wastes from the other discarded drugs. If the drug was administered using a sharp, it is evacuated into the black box, and then the sharp is discarded in a red or beige infectious waste sharps container.

Pharmaceuticals that have expired, or are soon to expire, are sent off-site on bills of lading to Guaranteed Returns ("GRx"), which has notified as a large quantity hazardous waste generator and has the EPA ID number of NYR000122879. GRx has not notified as a hazardous waste transporter and has not applied for a hazardous waste storage, treatment, or disposal permit. After the drugs have been processed at GRx, a report indicating the ultimate disposition of those drugs is sent back to WFEH. These reports can be analyzed to determine which pharmaceuticals are not eligible for credit and are managed as hazardous waste.

At the time of the CEI, WFEH was operating as an LQG of hazardous waste and maintained a less than 90 day area for containers of hazardous and universal waste in a locked room near the loading docks. The used oil was kept in a separate area, which was not observed during the inspection. Ms. Heather Slottke, the Maintenance Supervisor and Herb Vella, Group Leader – Maintenance, stated that at most they collect compressor oil in a 5-gallon bucket, which is taken by JM Brennan. They did not have any on-site at the time of the inspection. Stericycle manages the hazardous waste, non-hazardous waste, and universal waste, as well as the regulated medical waste. WFEH does not utilize an incinerator, a sharps crusher, or any distillation units on-site.

Site Tour

Sterile Processing - Pat Kober was the representative in this department. WFEH utilizes three types of sterilization: Sterad (autoclave), steam, and ethylene oxide (EtO). Three different types of indicators are used. Mr. Kober was not aware of whether or not the indicators contained lead.

90-day hazardous waste storage area (HWSA) – The HWSA is located near the southeast side of the facility by loading docks. Two four-foot cardboard cylinders were holding lamps to be recycled. The containers were labeled with "Universal Waste" stickers. A 30-gallon drum was labeled as "Waste Pharm Aerosols" and was marked with a 4/13/15 start date. No other labels were on the drum; however, some aerosols have been determined to be hazardous waste at this facility. Later during the inspection, Ms. Hicks and Ms. Lentes opened the 30-gallon container to see if it contained hazardous waste. The containers in the drum were empty. Also in this area was a 55-gallon drum that was closed, marked with a 5/8/15 start date, and labeled as "Hazardous Waste" and "Waste Flammable Liquids – Cresols/Coumadin." Three other 55-gallon drums in the area contained non-hazardous waste." One additional 5-gallon bucket of batteries was not labeled (See Appendix A: Photograph 1).

The storage room was equipped with a "Kai-Vac" cleaning system (mobile vacuum, clean-up cart); fire extinguisher, phone, and sprinkler system. The pull down for the fire alarm was located outside of the room. The aisle space in the area was limited; however, the racks in the area were on wheels and could be easily manipulated (See Appendix A: Photograph 2).

Chemistry/Hematology/Microbiology Laboratory – According to personnel in the laboratory (Donna Farias - Med Tech, and Andrew Gozdowiak - Manager) most of the liquid wastes generated in the laboratory are directly sewered. They do not have any machines that have internal collection systems, such as blister packs. No hazardous waste containers were observed.

Histology Laboratory – Tracy Kluka assisted the inspection through this laboratory. Xylene is used in the staining process and is collected in one-gallon plastic jugs. At the time of the CEI, three containers of spent xylene were in this room. Each container was labeled as "Waste Xylene" and was closed. Alcohols used in this room are discarded in the sink. Ms. Kluka took us to another lab room across the hall. In this room was a flammable cabinet holding a 30-gallon drum of waste xylene (See Appendix A: Photograph 3). Ms. Kluka stated that when the one-gallon jugs are filled in the histology lab, they are brought to this room and emptied into the drum. She stated that the drum fills perhaps every four to five months. The drum was labeled as "Hazardous Waste" and the attached funnel was closed. The container was not marked with a start date of accumulation. Also in this room, formalin is used. The solution used is 10% formaldehyde that also contains methanol. It was not known at the time of the inspection if this chemical was ignitable. Ms. Kluka stated that they combine used formalin with a granular product that gels the formalin so that it can be sent off-site for incineration.

Pharmacy – According to Mr. Jim Fidler, Director of Pharmacy, Stericycle has reviewed the pharmaceutical formulary and has provided WFEH with a list of hazardous pharmaceuticals. The pharmacy pre-labels the containers of hazardous pharmaceuticals before loading the ADUs or code carts. Also, each med room has a posting for the nurses which describes what wastes go into which containers. This posting includes pharmaceuticals as well as universal wastes and regulated medical wastes. In the pharmacy, I observed one 15-gallon black container that was closed and labeled with a sticker reading "Hazardous Pharmaceutical Waste." Mr. Fidler stated that all pharmaceutical waste containers are labeled prior to being placed for use. I also observed a one-quart container which is used for collecting P-listed wastes. This container was closed and labeled as "Hazardous Waste." According to Ms. Lentes, WFEH is trying to separate all P-listed wastes from the general hazardous waste to see if they can become a small or very small quantity generator.

In the compounding area, I observed one additional black container closed and labeled with the sticker as above. Mr. Fidler stated that WFEH no longer compounds hazardous chemotherapy cocktails on-site. They order the medication pre-made from a sister facility. They still, however, maintained one yellow container in the room for trace chemo waste that would be managed as non-hazardous.

I discussed reverse distribution with Mr. Fidler. I asked if anyone analyzed the reports that were sent from GRx to determine the final disposition of waste pharmaceuticals that were not eligible for credit. Mr. Fidler was not aware of anyone performing this task.

Patient Care – I observed containers of hazardous waste in med rooms located in patient care areas and the emergency department. In each of these areas, there were two containers for hazardous waste: one 8-gallon black container and one 1-quart black container for p-listed wastes. In each case, the containers were closed and affixed with the "Hazardous Pharmaceutical Waste" sticker.

Oncology – I spoke with Katie Oliver, RN Supervisor of Unit-Based Ambulatory Oncology. She stated that all of the waste generated in the area goes into yellow trace chemotherapy, non-hazardous waste containers. They did not have separate containers for bulk waste, which contains measurable amounts of what may be hazardous waste. It was not known at the time of the inspection if any chemotherapy chemicals used at this facility were hazardous, but according to Mr. Herrick of Stericycle, bulk chemo waste is supposed to be placed in black hazardous waste containers to be managed at the Clean Harbors, Port Arthur facility.

Radiology/Imaging – According to Linda Smith, Supervisor – Radiology, all imaging is digitized; however, they still maintain old film according to policy. These films are discarded after 10 years and are sent off-site for silver reclamation. She also stated that they check lead aprons for damage using fluoroscopy once a year. If the aprons must be discarded, they are managed as hazardous waste through Environmental Services. I observed a one-gallon sharps container for "Hazardous Compatible Waste" in one of the imaging rooms. It was not immediately known how left-over barium contrasts would be managed in the department.

Nuclear Medicine – Jeanne Severson spoke with me regarding waste generation in this department. She was a new employee and was unsure of waste management. She was not aware of any mixed hazardous and radioactive waste generated in the area.

X-Ray Storage – X-ray files stored in this area are to be discarded after a 10-year time period has elapsed. Two 55-gallon poly drums used for storing the discarded film prior to removal from the site were empty at the time of the inspection. They did not have labels or covers (See Appendix A: Photograph 4).

The site tour ended at this time. We returned to the main building where I reviewed records in a conference room before concluding the inspection with a close-out meeting.

Records and Emergency Preparedness Review

Preparedness and Prevention: The Facility is provided with an internal communication and alarm system capable of providing immediate emergency instruction to personnel. Portable fire extinguishers are located throughout the Facility. A spill cart is located in the 90-day HWSA. According to facility personnel, alarm systems, fire protection equipment, and decontamination equipment are tested regularly. A pull-down fire alarm is located near the hazardous waste accumulation areas (on the loading dock). Aisle space was minimal, but easily adjustable in the 90-day HWSA. Arrangements with the local police, fire departments and emergency response teams have been made. Arrangements with another hospital in the event of a catastrophic emergency at this hospital have been made through an MOU with all Waukesha County Hospitals as part of the Hospital Response Emergency Coalition.

Contingency Plan: A RCRA contingency plan was not immediately available for review. According to facility personnel, the information is most likely included in several different documents.

Training: RCRA training is provided by Stericycle to nursing and pharmacy staff. Records of this training were not available for review at the time of the inspection. Stericycle also provides the postings in the med rooms. RCRA training, however, is not provided to Environmental Services and Facilities staff whose job descriptions include handling or managing hazardous waste.

Manifests: Hazardous waste manifest records for at least three years were available for review. Hazardous Waste is picked up at the site every two weeks. Stericycle accepts universal waste and non-hazardous pharmaceuticals and brokers the hazardous waste generated at the facility mostly to Veolia. Bulk chemotherapy waste is supposed to be sent to Clean Harbors in Port Arthur, Texas. However, I did not see any manifests for this transaction.

Land Disposal Restriction forms for hazardous waste pharmaceuticals that accompanied the manifests did not discuss underlying hazardous constituents (UHCs). Waste codes that could be in found in the wastes are included as primary codes. Therefore, no UHCs

should be left unaccounted for. I did not see the codes for barium (D005) or lead (D008) on the list. According to Mr. Herrick of Stericycle who spoke with WFEH personnel on the phone, the barium contrasts may not be hazardous, and the lead aprons have their own LDR form though it was not located during the inspection.

Inspections: Weekly inspections are performed in the 90-day HWSA by Jack Lewis. Records for each week of at least the past three years were available for inspection.

Decontamination from Hazardous Materials (Emergency Management Document): This document outlines the decontamination procedures for victims/personnel that have come in contact with hazardous materials. The document does not discuss the management method for the hazardous wastes that may be generated from the decon process.

Closing Conference

During the closing conference with the WFEH representatives, I discussed my observations noted during the inspection and asked some outstanding questions from the inspection checklists. I informed them that I would be generating a report that included a letter, narrative discussion of the CEI and attendant photographs and checklists. Any response needed from WFEH according to the letter would be expected within 30 days. I provided three informational handouts to Ms. Berendt: *SHWEC Environmental Programs (WDNR brochure); P2 Technical Assistance Contacts; and U.S. EPA Small Business Resources.*

The following items were discussed with WFEH personnel at the close of the inspection.

- Satellite accumulation container requirements;
- Reverse distribution;
- RCRA training requirements;
- Contingency plan requirements;
- Waste determinations for barium contrast, formalin, and sterilization indicators;
- Used oil management by JM Brennan; and
- Information discussed and collected throughout the inspection was not claimed as confidential business information.

Appendices

Appendix A: Photograph Log
Appendix B: WDNR Large Quantity Generator Checklist
Appendix C: Documents received during the CEI

Appendix A

Photograph Log

Inspection Date:
May 19, 2015

Facility Name and ID Number:
Wheaton Franciscan Elmbrook Hospital
EPA ID: WID982630261

Inspector and Photographer:
Brenda Whitney
Compliance Section 2
RCRA Branch
Land and Chemicals Division

Camera Used:
Olympus Stylus 600
Serial Number: A47525904

Photograph 1 – This photograph is oriented on its left side. One 5-gallon bucket of used batteries was located in the 90-day hazardous waste storage area. The bucket was not labeled.

Photograph 2 – This photograph is oriented on its left side. One 55-gallon drum of hazardous waste was located in the 90-day hazardous waste storage area at the time of the inspection. This drum was labeled as "Hazardous Waste" and marked with a start date of accumulation from 5/8/15. The 30-gallon drum in the forefront of the photograph held empty aerosol dispensers.

Photograph 3 – This photograph is oriented on its left side. In a room across a hall from the Histology Laboratory, a 30-gallon drum was used for collecting spent xylene. The drum was closed and labeled as "Hazardous Waste."

Photograph 4 – Two blue containers are used for collecting discarded x-ray films that are being sent off-site for recycling. The containers were empty at the time of the inspection, but did not have labels or covers. Also, WFEH did not manage this area as a 90-day accumulation area even though the potential exists to store more than 55-gallons at a time.

Appendix B

Checklists

Inspection Date:
May 19, 2015

Facility Name and ID Number:
Wheaton Franciscan Elmbrook Hospital
WID982630261

Inspector:
Brenda Whitney
Compliance Section 2
RCRA Branch
Land and Chemicals Division

Wheaton Franciscan Elmbrook Hospital

LARGE QUANTITY GENERATOR INSPECTION

Revision: 12/03/2012
WASTE & MATERIALS MANAGEMENT PROGRAM

This Inspection Form, used for the inspection of facilities that generate over 1000 kg (2205 lbs) of non acute hazardous waste in a calendar month or over 1 kg of acute hazardous waste in a calendar month, evaluates compliance with Wisconsin's Hazardous Waste Management Rules (chapter NR 660 - 679, Wis. Admin. Code).

Section 1: Waste Information

A. Hazardous waste determination has been made on each solid waste generated.	Y	662.011
B. Waste determination was made correctly, considering the listed waste definitions and the characteristics of the waste, in light of the materials or processes used.	ND	662.011(3)
C. Waste samples are analyzed by laboratories certified or registered under NR 149. Provide lab names and certification numbers. Generator Knowledge	Y	662.011(3)(a)1
D. Generator keeps records of all waste determinations on-site for at least three years from the date the waste was last sent to a storage, treatment or disposal facility.	Y	662.040(3)
E. Generator submitted a notification form and obtained an EPA ID#. Note: A subsequent notification should be submitted when there is an ownership or name change.	Y	662.012

Section 2: Manifest, Pre-Transport Requirements and Off-Site Shipments

A. Generator initiated a manifest with all off-site shipments of hazardous waste.	Y	662.020(1)
B. The manifest is used according to the instructions in the appendix to 40 CFR part 262.	Y	662.020(1)
C. The facility designated on the manifest is permitted or licensed to accept the waste.	Y	662.020(2)
D. For out-of-state shipments, a copy of the manifest is sent to the department within 30 days of receiving the signed copy from the designated facility.	Y	662.023(3)
E. Manifest continuation form, EPA form 8700-22A, is prepared according to the instructions in the appendix of 40 CFR part 262.	Y	662.020(1)
F. If the generator received a shipment back as a rejected load, the returned waste was accumulated in compliance with the container or tank standards for less than 90 days.	NA	662.034(13)
G. Upon receipt of the rejected shipment, the generator signed EITHER of the following: 1. Manifest Item 18c if the transporter returned the shipment using the original manifest. 2. Manifest Item 20 if the transporter returned the shipment using a new manifest.	N/A	662.034(13)
H. A copy of the manifest signed by the generator is retained until the signed copy from the designated facility is received.	Y	662.040(1)
I. Copy of each manifest is kept for at least three years from the date of shipment.	Y	662.040(1)
J. Hazardous waste is packaged according to applicable DOT requirements before transport.	Y	662.030

LARGE QUANTITY GENERATOR INSPECTION

Section 2: Manifest, Pre-Transport Requirements and Off-Site Shipments

K. Hazardous waste is labeled according to applicable DOT requirements before transport. Company said	Y	662.031
L. Hazardous waste is marked according to applicable DOT requirements before transport.	Y	662.032(1)
M. Containers of 119 gallons and less are marked with the "Hazardous Waste-Federal law prohibit improper disposal" label before transport.	Y	662.032(2)
N. Placards are offered to the initial transporter.	Y	662.033

Section 3: Land Disposal Restrictions

A. Generator determined if each waste is prohibited from land disposal by lab analysis or generator knowledge. - Knowledge	Y	668.07(1)
B. Generator complies with the prohibition against dilution of wastes.	Y	668.03
C. A one-time written notice was sent to each treatment, storage or disposal facility with the initial waste shipment. Checking for Barium / if Hazardous	Y	668.07(1)
D. A new notification is sent to the TSD and maintained in the generator file when the waste or receiving facility changes.	NA	668.07(1)
E. If the waste MEETS treatment standards, the LDR notice certifies wastes may be land disposed without further treatment.	N/A	668.07(1)
F. If the waste EXCEEDS treatment standards, the LDR notice gives notification of appropriate treatment and applicable prohibitions.	Y	668.07(1)
G. A copy of the LDR notifications and certifications are retained for at least 3 years from the date the waste was last sent off-site.	Y	668.07(1)(h)
H. Underlying hazardous constituents have been identified for characteristic wastes.	N/A	668.09(1)
I. Generator identifies EITHER of the following when the waste is both a listed and characterisitic waste: 1. The treatment standards for the listed waste code, in lieu of the treatment standard for the characteristic waste codes. 2. The treatment standards for all applicable listed and characteristic waste codes.	Y	668.09(2)
J. If waste is treated in containers or tanks, the generator meets BOTH of the following (NR 668.07(1)(e): 1. Developed a written waste analysis plan describing the procedures used to meet applicable LDR treatment standards. 2. Complies with the certification requirements in NR 668.07(1)(c).	NA	662.034(1)(d)

Section 4: Annual Reports and Exception Reporting

A. Annual reports covering generator activities during the calendar year have been submitted to the Department by March 1 of the following year.	Y	662.041
B. Transporter or TSD is contacted if signed manifest is not received in 35 days.	N/A	662.042(1)
C. Exception report is submitted to the Department if a signed manifest is not received within 45 days.	N/A	662.042(2)
D. Copy of each annual report and exception report is kept for at least 3 years from the date of the report.	Y	662.040(2)

Section 5: Preparedness and Prevention

A. Generator has ALL of the following, unless the equipment is not necessary for the types of wastes handled (NR 665.0032): 1. Device to summon emergency assistance (e.g., telephone, 2 way radio). 2. Internal communications and alarm systems. (on loading dock) 3. Portable fire extinguishers. 4. Fire control equipment, including special extinguishing equipment. 5. Spill control equipment. 6. Decontamination equipment (e.g., eyewash, shower). 7. Water at adequate volume and pressure to supply water spray systems.	Y	662.034(1)(d)
B. All of the above emergency equipment is tested and maintained to assure its proper operation in an emergency (NR 665.0033).	Y	662.034(1)(d)
C. There is immediate access to internal or external alarms or an emergency communication device in hazardous waste handling areas (NR 665.0034).	Y	662.034(1)(d)
D. Generator has made ALL of the following arrangements with emergency organizations (NR 665.0037): 1. Primary and support roles have been defined if multiple police and fire departments could respond to an emergency. 2. Police, fire and emergency response teams are familiar with the site layout, hazards of the waste handled, places where personnel work, entrances and roads in the site and possible evacuation routes. 3. Agreements are made with emergency response contractors and equipment suppliers. 4. Local hospitals are familiar with the properties of wastes handled and the types of injuries or illnesses that could result from an emergency.	Y	662.034(1)(d) City of Brookfield
E. Aisle space provided throughout the facility to allow for the unobstructed movement of personnel and all emergency equipment (NR 665.0035).	Y	662.034(1)(d)

Section 6: Contingency Plan and Emergency Procedures

A. Generator has a written contingency plan, amended SPCC plan or other emergency plan that will be implemented immediately in the event of a fire, explosion or hazardous waste discharge (NR 665.0051). If there is no written plan go to question 7.A.	Y	662.034(1)(d)

Section 6: Contingency Plan and Emergency Procedures

EMERGENCY PLAN DID NOT APPEAR TO HAVE RCRA COMPONENTS

B. Generator has amended a SPCC plan or other emergency plan so it sufficiently incorporates hazardous waste management provisions (NR 665.0052(2)).	X	662.034(1)(d)
C. Copies of the contingency plan and all revisions have been made available to police, fire, hospital and emergency response teams. (NR 665.0053(2)).	X	662.034(1)(d)
D. Contingency plan was amended due to ANY of the following (NR 665.0054): 1. Contingency plan failed in an emergency. 2. Change in site design, construction, O&M, or other circumstances which affect emergency response. 3. Emergency coordinators changed. 4. Emergency equipment changed.	X	662.034(1)(d)
E. Contingency plan identifies an emergency coordinator who meets ALL of the following (NR 665.0055): 1. Available or on call to coordinate emergency response measures. 2. Familiar with all aspects of site activities and the contingency plan. 3. Has authority to commit the resources needed to carry out the contingency plan.	X	662.034(1)(d)
F. Contingency plan includes ALL of the following (NR 665.0052): 1. Designation of the primary emergency coordinator, with alternates listed in the order of assuming responsibility. 2. Name, address and phone number, office and home, for each emergency coordinator. 3. Description of the arrangements agreed to by the police, fire, hospitals and emergency response teams to coordinate emergency services. 4. Evacuation plan for personnel including signal(s) to be used in the event of evacuation and alternate routes. 5. Actions facility personnel will take in response to a fire, explosion, or hazardous waste discharge. 6. List of emergency equipment at the site, including location, description and capabilities of each item.	X	662.034(1)(d)
G. Contingency plan requires the emergency coordinator to do ALL of the following in the event of a fire, explosion, or discharge of hazardous wastes (NR 665.0056): 1. Activate internal alarms or communication systems. 2. Notify appropriate authorities, if their help is needed. 3. Identify the character, source, amount, and extent of discharged hazardous materials. 4. Assess hazards to human health and the environment. 5. If the incident threatens human health or the environment outside the facility, notify local authorities that evacuation may be necessary and notify the national response center (800-424-8802) and the division of emergency government (800-943-0003). 6. Take all reasonable measures necessary to ensure fires, explosions and discharges do not occur, reoccur, or spread. 7. Monitor for leaks, pressure buildup, gas generation or ruptures in valves, pipes, or other equipment if the site stops operation. 8. Provide for treating, storing, or disposing of recovered waste, contaminated soil, surface water, or other material. 9. Ensure wastes that are incompatible with the released material are not treated, stored or disposed until cleanup is completed. 10. Ensure that emergency equipment is clean and fit for use prior to resuming operations. 11. Notify the department and appropriate state and local authorities before resuming operations. 12. Submit an incident report to the department within 15 days.	X	662.034(1)(d)

Section 7: Personnel Training Requirements

A. Generator has a program of classroom instruction or on-the-job training for personnel in hazardous waste management (NR 665.0016(1)(a)). If there is no training program go to question 8.A. TRAINING FOR NURSES/NOT EVS (DOT only)	X	662.034(1)(d)
B. Program is directed by a person trained in hazardous waste management procedures (NR 665.0016(1)(b)). STERICYCLE		662.034(1)(d)
C. Program teaches facility personnel hazardous waste management procedures relevant to the positions in which they are employed (NR 665.0016(1)(b)).	X	662.034(1)(d)
D. Training program ensures personnel are able to respond effectively to emergencies by familiarizing them with the following applicable items (NR 665.0016(1)(c)): 1. Contingency plan implementation. 2. Procedures for using, inspecting, repairing, and replacing emergency and monitoring equipment. 3. Key parameters for automatic waste feed cut-off systems. 4. Communications and alarm systems. 5. Response to fires or explosions. 6. Response to groundwater contamination incidents. 7. Shutdown of operations.	X	662.034(1)(d)
E. New employees are trained within 6 months of their assignment (NR 665.0016(2)).	X	662.034(1)(d)
F. Employees work in supervised positions until they have completed the training (NR 665.0016(2)).	X	662.034(1)(d)
G. Personnel take part in an annual review of the training (NR 665.0016(3)).	X	662.034(1)(d)
H. Generator keeps ALL of the following training documents (NR 665.0016(4)): 1. Job title and the employee name for each position related to hazardous waste management. 2. Job description for each of the above job titles. 3. Description of the amount and type of introductory and continuing training that will be given to each employee. 4. Records that required training has been given to each employee.	NI	662.034(1)(d)
I. Training records are maintained until closure for current personnel and at least 3 years from the date the employee last worked at the facility (NR 665.0016(5)).	NA	662.034(1)(d)

Section 8: 90-Day Container Accumulation

A. Waste is accumulated in containers. If NO, go to Section 9.	Y	
B. Accumulation start date is clearly marked and visible for inspection on each container.	Y	662.034(1)(b)
C. All containers are clearly marked with the words "Hazardous Waste".	Y	662.034(1)(c)

Section 8: 90-Day Container Accumulation

D. If container is leaking or in poor condition, the contents are transferred to another container in good condition (NR 665.0171).	NA	662.034(1)(a)1
E. Containers are made of or lined with materials that are compatible with the waste (NR 665.0172).	Y	662.034(1)(a)1
F. Containers are kept closed, except when it is necessary to add or remove waste (NR 665.0173(1)).	Y	662.034(1)(a)1
G. Containers are opened, handled or stored to prevent leaks or ruptures (NR 665.0173(2)).	Y	662.034(1)(a)1
H. Container storage areas are inspected weekly for leaks and deterioration (NR 665.0174).	Y	662.034(1)(a)1
I. Containers of ignitable or reactive waste are located at least 50 feet from the property line (NR 665.0176).	Y	662.034(1)(a)1
J. Containers of incompatible wastes are separated or protected from each other by a physical barrier (dike, berm, wall or other device) (NR 665.0177(3)).	NA	662.034(1)(a)1
K. Incompatible wastes are stored in separate containers unless the mixing will not generate extreme heat, fire, explosion, toxic gases or other dangers (NR 665.0177(1)).	NA	662.034(1)(a)1
L. Containers that previously held waste are properly washed before adding incompatible waste, unless the mixing will not generate extreme heat, fire, explosion, toxic gases or other dangers (NR 665.0177(2)).	NA	662.034(1)(a)1

Section 9: Subchapter BB Standards for Equipment Leaks

A. Generator operates any of the following equipment containing or contacting hazardous wastes with organic concentration >= 10% by weight. If NO, go to Section 10 (NR 662.034(1)(a), NR 665.1050(2). 1. Pumps in light liquid service. 2. Compressors. 3. Pressure relief devices in gas or vapor service. 4. Sampling connection systems. 5. Open-ended valves or lines. 6. Valves in gas or vapor service or in light liquid service. 7. Pumps or valves in heavy liquid service 8. Pressure relief devices in light liquid or heavy liquid service. 9. Flanges or other connectors.	NA	
B. Equipment listed in Question 9.A. is excluded from subch. BB requirements because it is in vacuum service and individually listed in the facility operating record by an identification number (NR 665.1050(4), NR 665.1064(7)(e)).	NA	662.034(1)(a)
C. Equipment listed in Question 9.A. is excluded from subch. BB requirements because it operates < 300 hours per calendar year and is identified, either by list or location (area or group), in the facility operating record. (NR 665.1050(5), NR 665.1064(7)(f)).	NA	662.034(1)(a)

Section 9: Subchapter BB Standards for Equipment Leaks

D. If the facility determines compliance with subch. BB by documenting compliance with Clean Air Act requirements, the documentation is readily available as part of the operating record (NR 665.1064(13)).	NA	662.034(1)(a)
E. ALL of the following information used to determine the applicability of exclusions in Questions 9.B. - 9.D. is maintained at the facility (NR 665.1064(11)): 1. Analysis determining the design capacity of the hazardous waste management unit. 2. Statement listing the hazardous waste influent to and effluent from each hazardous waste management unit subject to subch. BB and an analysis determining whether these hazardous wastes are heavy liquids. 3. Up-to-date analysis and the supporting information used to determine whether or not equipment is subject to subch. BB.	NA	662.034(1)(a)
F. When knowledge of the nature of the hazardous waste stream or the process by which it was produced is used to determine the applicability of the exclusions, supporting documentation such as the following are maintained at the facility (NR 665.1064(11)): 1. Information that the production process does not use organic compounds. 2. The process is identical to a process at another facility where the total organic content was measured at <10%. 3. The process has not changed to affect the total organic concentration of the waste.	NA	662.034(1)(a)
G. The facility keeps records of new determinations performed when there are any changes that could result in an increase in the total organic content of the waste in contact with equipment that is not subject to subch. BB requirements (NR 665.1064(11)).	NA	662.034(1)(a)
H. All equipment stated in Question 9.A. is excluded from additional subch. BB requirements. If NO, complete the subch. BB inspection form.	NA	

Section 10: Subchapter CC Level 1 Container Standards

A. The facility manages hazardous waste in containers with EITHER of the following design capacities. If NO, go to Question 11.A. (NR 665.1087(2)(a), NR 662.034(1)(a)1). 1. Between 26 and 119 gallons. 2. Greater than 119 gallons and not in light material service.	NA	
B. Containers are exempt from CC regulation because of ALL of the following (NR 662.034(1)(a)1, NR 665.1083(3)(a), NR 665.1084(1)(a)1, NR 665.1083(3)(a), NR 665.1084(1)(a)2., NR 665.1084(1)(b)): 1. The average VO concentration at the point of origination is <500 ppmw for all hazardous waste entering the container. 2. The initial determination of the average VO concentration for the waste stream was made before the material was placed in the container. 3. The initial determination is reviewed and updated at least once every 12 months. 4. A new waste determination is performed whenever changes to the source generating the waste stream likely causes the average VO concentration to increase to >= 500 ppmw. 5. The average VO concentration is determined by direct measurement or by knowledge. Note: See NR 665.1084(1)(c) for direct measurement procedures and NR 665.1084(1)(d) for using knowledge.	NA	
C. For each waste determination, the date, time, and location of each waste sample collected are maintained in the facility records (NR 665.1090(6)(a)).	NA	662.034(1)(a)1
D. Containers are excluded from subch. CC because they are used to store or treat hazardous waste from organic peroxide manufacturing processes (NR 662.034(1)(a)1, NR 665.1080(4)). Note: Certain records are to be maintained. Refer to 665.1090(9) for more information.	NA	

Section 10: Subchapter CC Level 1 Container Standards

E. Containers are excluded from subch. CC because they are used solely to store or treat EITHER of the following (NR 662.034(1)(a)1, NR 665.1080(2), NR 665.1090(10)): 1. On-site remediation wastes generated through NR 700 or RCRA corrective action activities. 2. Radioactive mixed wastes in accordance with NRC requirements	NA	
F. Containers are excluded from subch. CC because BOTH of the following are met (NR 665.1080(2), NR 665.1090.(10)): 1. They are equipped with air emission controls operated in accordance with the Clean Air Act requirements. 2. Facility records include certification of such by the owner or operator and the specific air program compliance requirements for the containers	NA	
G. All containers are excluded from subch. CC Level 1 standards. If YES, go to Section 11.	NA	
H. Any of the following controls are used on all Level 1 containers (NR 665.1087(3)(a)): 1. Container meets applicable US DOT packaging requirements. 2. A cover and closure devices form a continuous barrier over the container openings such that when they are secured, there are no visible holes, gaps or other open spaces into the container. 3. An organic-vapor suppressing barrier is placed on or over the hazardous waste in an open-top container so that the hazardous waste is not exposed to the atmosphere. Note: Level 1 standards do not apply to satellite accumulation or RCRA empty containers.	NA	662.034(1)(a)1
I. If Level 1 containers do not meet applicable US DOT packaging requirements, they are equipped with covers and closure devices composed of suitable materials that minimize exposure of hazardous waste to the atmosphere and maintain integrity of the covers and closure devices (NR 665.1087(3)(b)).	NA	662.034(1)(a)1
J. If a Level 1 container is filled to the final level in one continuous operation, the closure device is promptly secured in the closed position when the filling operation is concluded (NR 665.1087(3)(c)1.a).	NA	662.034(1)(a)1
K. If a Level 1 container is batch filled, the closure device is promptly secured in a closed position when the container is filled to the intended final level OR the batch loading is completed and any of the following first occurs (NR 665.1087(3)(c)1.b): 1. No additional material will be added within 15 minutes. 2. The person performing the loading operation leaves the immediate vicinity of the container. 3. The process generating the waste shuts down.	NA	662.034(1)(a)1
L. If a Level 1 container is opened to remove hazardous waste, the closure device is secured in the closed position upon completion of a batch removal AND when either of the following first occurs (NR 665.1087(3)(c)2b): 1. No additional materials will be removed within 15 minutes. 2. The person removing the waste leaves the immediate vicinity of the container.	NA	662.034(1)(a)1
M. If access to the inside of a Level 1 container is needed to perform routine activities other than the transfer of hazardous waste (e.g., sampling), the closure device is secured in the closed position promptly after completing the activity (NR 665.1087(3)(c)3).	NA	662.034(1)(a)1
N. If a Level 1 container is equipped with a pressure relief device that vents to the atmosphere, ALL of the following conditions are met (NR 665.1087(3)(c)4): 1. The device is designed to operate with no detectable organic emissions (< 500 ppmv) when in the closed position. 2. The device is closed when the internal pressure is within the specified operating range. 3. The device opens and vents to the atmosphere only for the purpose of maintaining internal pressure according to the design specifications.	NA	662.034(1)(a)1

Section 10: Subchapter CC Level 1 Container Standards

O. Safety valves are only opened to avoid an unsafe condition (NR 665.1087(3)(c)5).	NA	662.034(1)(a)1
P. When a defect is detected, initial repair efforts are made within 24 hours of detection and completed within 5 calendar days (NR 665.1087(3)(d)3).	NA	662.034(1)(a)1
Q. If repairs cannot be completed in 5 days of detecting the defect, the waste is removed from the container which is not used until it is repaired (NR 665.1087(3)(d)3).	NA	662.034(1)(a)1

Section 11: Subchapter CC Level 2 Container Standards

A. The facility manages hazardous waste containers with a design capacity >119 gallons that are in light material service. If NO, go to Section 12.	NA	
B. Any of the following controls are used on Level 2 containers: (NR 665.1087(4)(a)) 1. Container meets applicable US DOT packaging requirements. 2. Each potential leak interface where organic vapor leakage could occur on the container, cover and closure device has been checked to determine that no detectable organic emissions (< 500 ppmv) are occurring. 3. The facility has demonstrated within the last 12 months that the containers are vapor-tight using Method 27 in appendix A of 40 CFR part 60.	NA	662.034(1)(a)2
C. If the potential leak interface on the containers were checked, BOTH of the following were met: (NR 665.1087(4)(a)) 1. Checks were made on the interface of the cover rim and the container wall; the periphery of any opening on the container or container cover and its associated closure device; and, the sealing seat interface on a spring-loaded, pressure-relief valve. 2. The test was performed when the container was filled with a material having a VO concentration representative of the hazardous waste expected to be stored in the container.	NA	662.034(1)(a)2
D. The facility maintains a copy of the procedure used to determine that containers >119 gallons in size that do not meet DOT requirements are not managing hazardous waste in light material service. (NR 665.1087(3)(e))	NA	662.034(1)(a)2
E. Level 2 controls are used when transferring waste in or out of the container that minimize exposure to the atmosphere (submerged-fill pipe, vapor-recovery system, etc.) to the extent practical, considering the physical properties of the hazardous waste and good engineering and safety practices. (NR 665.1087(4)(b))	NA	662.034(1)(a)2
F. If the container is filled to the final level in one continuous operation, the closure devices are promptly secured in the closed position when the filling operation is concluded. (NR 665.1087(4)(c)1.a.)	NA	662.034(1)(a)2
G. If the container is batch filled, the closure devices are promptly secured in a closed position upon filling the container to the intended final level, or when the batch loading is completed and ANY of the following first occurs: (NR 665.1087(4)(c)1.b.) 1. No additional material will be added within 15 minutes. 2. The person performing the loading operation leaves the immediate vicinity of the container. 3. The process generating the waste shuts down.	NA	662.034(1)(a)2
H. If containers are opened to remove hazardous waste, closure devices are secured in the closed position upon completion of a batch removal and either of the following first occurs: (NR 665.1087(4)(c)2.b.) 1. No additional materials will be removed within 15 minutes. 2. The person removing the waste leaves the immediate vicinity of the container.	NA	662.034(1)(a)2

Section 11: Subchapter CC Level 2 Container Standards

I. If access to the inside of the container is needed to perform routine activities other than the transfer of hazardous waste (e.g., sampling), the closure device is secured in the closed position promptly after completing the activity. (NR 665.1087(4)(c)3.)	NA	662.034(1)(a)2
J. If the container is equipped with a pressure relief device that vents to the atmosphere, the device meets ALL of the following conditions: (NR 665.1087(4)(c)4.) 1. Designed to operate with no detectable organic emissions when in the closed position. 2. Closed when the internal pressure is within the specified operating range. 3. Opens and vents to the atmosphere only for the purpose of maintaining internal pressure according to the design specifications.	NA	662.034(1)(a)2
K. Safety valves are only opened to avoid an unsafe condition. (NR 665.1087(4)(c)5.)	NA	662.034(1)(a)2
L. When a defect is detected, initial repair efforts are made within 24 hours of detection. (NR 665.1087(4)(d)3.)	NA	662.034(1)(a)2
M. Repairs are completed within 5 days, or the waste is removed from the container which is not used until the defect is repaired. (NR 665.1087(4)(d)3.)	NA	662.034(1)(a)2

Section 12: Subchapter CC Level 3 Container Standards

A. The facility manages hazardous waste in containers having a design capacity >26 gallons during a waste stabilization process when hazardous waste is exposed to the atmosphere. If NO, go to Section 13.	NA	
B. The container is vented directly through a closed-vent system to a control device, or the container is vented inside an enclosure which is exhausted through a closed-vent system to a control device. (NR 665.1087(5)(a))	NA	662.034(1)(a)2
C. If the container is vented inside an enclosure, the enclosure is operated according to the criteria for permanent total enclosures found in Method 204 in appendix M of 40 CFR part 51. (NR 665.1087(5)(b)1.)	NA	662.034(1)(a)2
D. Records for the most recent set of calculations and measurements verifying the enclosure meets the criteria for a permanent total enclosure in Method 204 in appendix M of 40 CFR part 51 are maintained at the facility. (NR 665.1090(4)(a))	NA	662.034(1)(a)2
E. Level 3 controls are used when wastes are transferred in or out of the container that minimize exposure to the atmosphere (e.g., submerged-fill pipe, vapor-recovery system, etc.) to the extent practical, considering the physical properties of the hazardous waste and good engineering and safety practices. (NR 665.1087(5)(f))	NA	662.034(1)(a)2

Section 13: Satellite Accumulation

A. Waste is accumulated in satellite accumulation areas. If NO, go to Section 14.	Y	
B. Generator accumulates no more than 55 gallons of hazardous waste or 1 quart of acute hazardous waste in each satellite area.	Y	662.034(3)(a)
C. Satellite containers are under the control of the operator of the process generating the waste. HISTOLOGY TO GROSS LAB	N	662.034(3)(a)

Section 13: Satellite Accumulation

D. Containers are made of or lined with materials that are compatible with the waste (NR 665.0172).	Y	662.034(3)(a)1
E. If a container is leaking or in poor condition, the contents are transferred to another container in good condition (NR 665.0171).	NA	662.034(3)(a)1
F. Containers are kept closed except when it is necessary to add or remove waste (NR 665.0173(1)).	Y	662.034(3)(a)1
G. Containers are marked "Hazardous Waste" or with other words that identify the contents.	Y	662.034(3)(a)2
H. Container holding the excess waste is marked with the date the excess amount begins accumulating.	NA	662.034(3)(b)
I. Generator complies with the 90 day accumulation requirements with respect to the excess amount within 3 days of it being generated.	Y	662.034(3)(b)

Section 14: Waste Minimization

A. Generator includes waste minimization information in the annual report.	Y	662.041(3)(e)
B. Generator has a program in place to reduce the volume or quantity and toxicity of waste to an economically practicable degree. GREEN TEAM Note: The inspector should look for evidence justifying the generator's waste minimization certification on the manifest. Also, EPA guidance recommends that the generator have a written waste minimization/pollution prevention plan.	Y	662.027(1)

Section 15: Used Oil

A. Used oil is managed on-site. If NO, go to Section 16	Y	
B. Used oil containing >= 1,000 ppm halogens is managed as listed hazardous waste or the rebuttable presumption requirements have been met.	NA	679.10(2)(a)2
C. Used oil containers and tanks are in good condition and not leaking. NONE ONSITE - NOT OBSERVED	NI	679.22(2)
D. Used oil containers and tanks are marked "used oil".	NI	679.22(3)(a)
E. Transporter has an EPA ID number, except when generator self-transports or has a tolling agreement. email	ND	679.24

Section 15: Used Oil

F. If oil containing materials are disposed of as a solid waste, the used oil has been properly drained so there is no visible sign of free-flowing oil and a waste determination has been properly made.	NA	679.10(3)(a)
G. If used oil is burned in an on-site used oil-fired space heater, all of the following are met: 1. Only used oil from the generator or household do-it-yourselfers is burned. 2. The heater is designed with a maximum capacity of 0.5 million BTU per hour or less. 3. The combustion gases are vented to the ambient air.	NA	679.23
H. If used oil is accepted from others or sent off-site to be burned in a space heater, the used oil meets fuel specifications and the marketer requirements in NR 679 subch. H are met.	NA	679.11

Section 16: Universal Waste

A. The facility is a small quantity handler of universal waste (never accumulates more than 11,025 lbs). If NO, state in the comments section if the facility is a universal waste nonhandler, large handler or destination facility, and go to Section 17. Note: If the facility is a large handler, complete the large quantity handler of universal waste inspection form.	Y	
B. Universal waste has not been disposed, treated or diluted. Note: Dilution or treatment does not include: sorting, mixing, discharging, regenerating, or disassembling batteries; removing batteries from consumer products or removing electrolytes; removing thermostat ampules; or, responding to a release of universal waste.	Y	673.11
C. Universal waste batteries and thermostats that are broken or show evidence of leakage or spillage are placed in closed, structurally sound containers that are compatible with the waste and not leaking.	NA	673.13
D. Universal waste lamps and pesticides are placed in closed, structurally sound containers that are compatible with the waste and are not leaking.	Y	673.13
E. All universal wastes are labeled or marked "Waste" or "Used" followed by the specific type of universal waste handled or "Universal Waste". Batteries.	N	673.14
F. Universal waste is accumulated for less than one year from the date generated or received from another handler.	Y	673.15(1)
G. If universal waste is accumulated beyond one year, the handler can prove that accumulation was necessary to facilitate proper recovery, treatment or disposal.	NA	673.15(2)
H. Length of accumulation time is demonstrated by any of the following: 1. Each container is marked or labeled with the earliest date the waste is generated or received 2. The individual item of waste is marked or labeled with the date it was generated or received. 3. An inventory system identifying the date the waste was generated or received is maintained. 4. The universal waste is placed in a specific accumulation area identified with the earliest date the waste was generated or received. Shipping documents	Y	673.15(3)
i. Employees are trained on the proper handling and emergency procedures appropriate to the types of waste handled at the facility.	Y	673.16

Section 16: Universal Waste

mercury free.

J. ALL of the following are met when a release occurs: 1. Release is immediately contained. 2. A waste determination is made. 3. Spill residue is disposed of properly as solid or hazardous waste.	NA	673.17
K. Handler sends the waste to a destination facility, foreign destination or another handler. Indicate the facilities in the comments section.	Y	673.18(1)
L. For hazardous materials, the handler packages, labels, marks, placards and prepares the proper shipping papers in accordance with DOT requirements in 49 CFR parts 172 to 180.	Y	673.18(3)
M. The following activities have occurred. If YES, complete the Universal Waste Small Quantity Handler inspection form. 1. Universal waste are sorted or disassembled. 2. Recalled pesticides are managed. 3. Universal waste shipments have been rejected. 4. Universal waste shipments have included hazardous or solid waste. 5. Universal waste is self-transported.	NA	

Section 17: F006 Wastewater Treatment Sludge

A. Generator accumulates F006 sludge for more than 90 days. If NO, go to Section 18.	NA	
B. The F006 waste is accumulated for no more than 180 days, unless the waste is shipped 200 miles or more.	NA	662.034(7)
C. Pollution prevention practices are in place to reduce the amount of contaminants entering the F006 waste.	NA	662.034(7)(a)
D. The F006 waste is legitimately recycled through metals recovery.	NA	662.034(7)(b)
E. No more than 20,000 kg (44,100 lbs) of F006 waste is accumulated on-site.	NA	662.034(7)(c)
F. Accumulation containers meet subch. I, AA, BB and CC standards in ch. NR 665.	NA	662.034(7)(d)1.a
G. The accumulation start date is clearly marked and visible for inspection on each container.	NA	662.034(7)(d)3
H. Accumulation tanks meet subch. J, AA, BB and CC standards in ch. NR 665, except for NR 665.0197(3) and NR 665.0200.	NA	662.034(7)(d)1.b
I. Each container and tank of F006 waste is clearly marked with the words "Hazardous Waste".	NA	662.034(7)(d)4
J. A containment building used for accumulation meets subch. DD standards in ch. NR 665; a P.E. certification stating compliance with the design standards is in the operating record AND written procedures and documentation for emptying the unit within 180 days are on file.	NA	662.034(7)(d)1.c

Section 17: F006 Wastewater Treatment Sludge

K. The accumulation of F006 waste is included in the preparedness and prevention procedures, contingency plan and personnel training program.	NA	662.034(7)(d)5
L. If waste is accumulated for up to 270 days, the generator must ship the waste over 200 miles for metals recovery.	NA	662.034(8)

Section 18: Generator Status Evaluation

A. Waste is accumulated for less than 90 days, except as allowed in Sections 13 and 16.	Y	662.034(1)
B. More than 2,205 lbs. of non-acute hazardous waste; 2.2 lbs. of acute hazardous waste; or, 220 lbs. of residue from cleanup of an acute hazardous waste spill is generated in any month (NR 662.190(1), NR 662.220(4)). MAY BE SQG	ND	
C. Describe other activities that the generator conducts at the facility (accumulation in tanks, recycling, 10-day transfer, transporter, used oil, treatment, storage, disposal, universal waste, etc.).		
D. If waste was previously accumulated in a tank system, the generator performed EITHER of the following (NR 665.0197(1), NR 665.0197(2)): 1. Closure by removing or decontaminating waste residues, contaminated containment system components, soils, structures and equipment. 2. Initiated long-term care if all contaminated soils cannot be practicably removed or decontaminated.	NA	662.034(1)(a)2

Appendix C

Documents received during the Inspection:

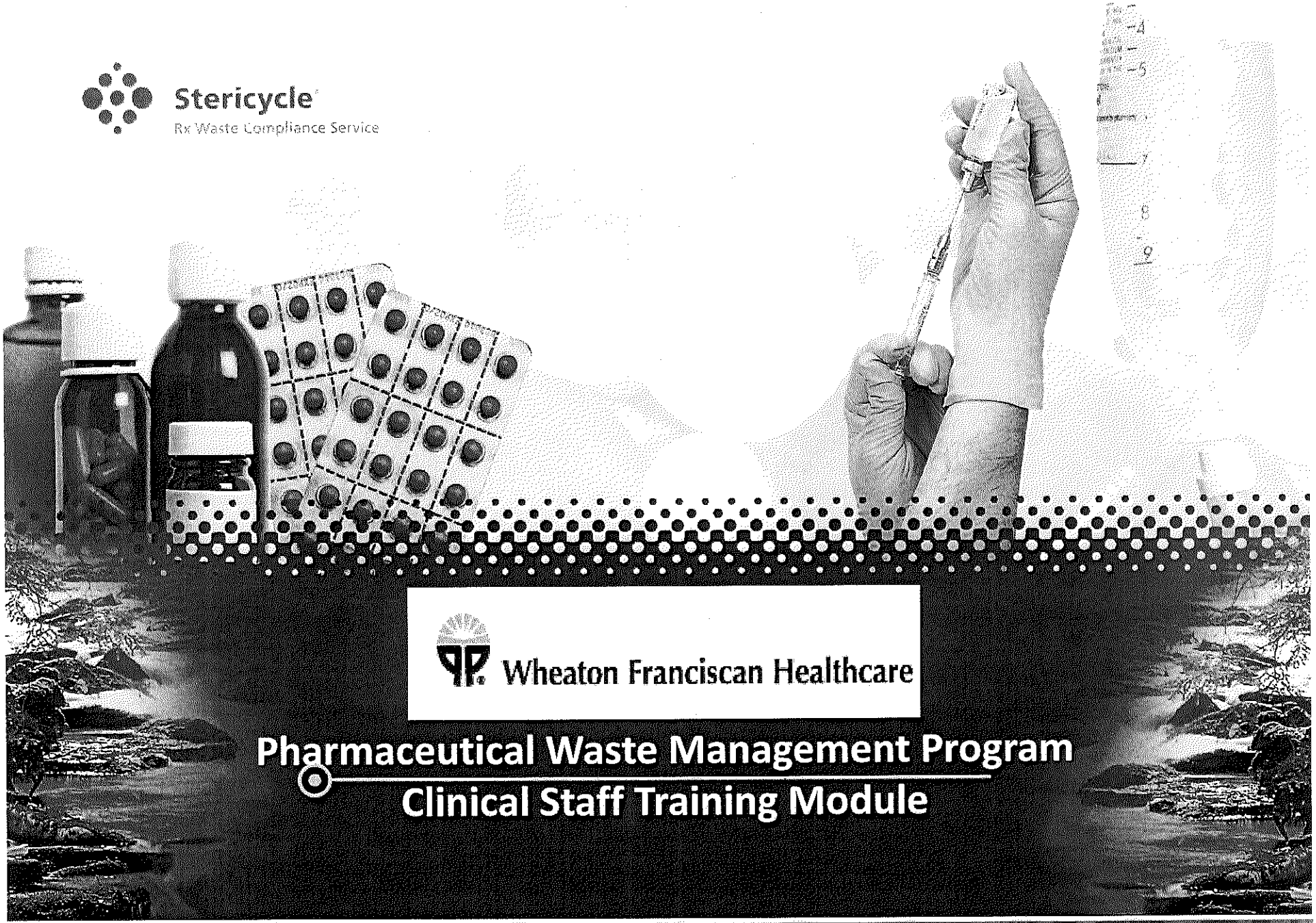
- Pharmaceutical Waste Management Program – Clinical Staff Training Module (Stericycle)
- Pharmaceutical Waste Stream Management chart (Stericycle)
- Pharmaceutical Waste guide (Stericycle)
- Battery Types & Shipping Guidelines (Stericycle)
- Decontamination from Hazardous Materials policy

Inspection Date:
May 19, 2015

Facility Name and ID Number:
Wheaton Franciscan Elmbrook Hospital
EPA ID: WID982630261

Inspector:
Brenda Whitney
Compliance Section 2
RCRA Branch
Land and Chemicals Division

Stericycle
Rx Waste Compliance Service



Wheaton Franciscan Healthcare

Pharmaceutical Waste Management Program
Clinical Staff Training Module

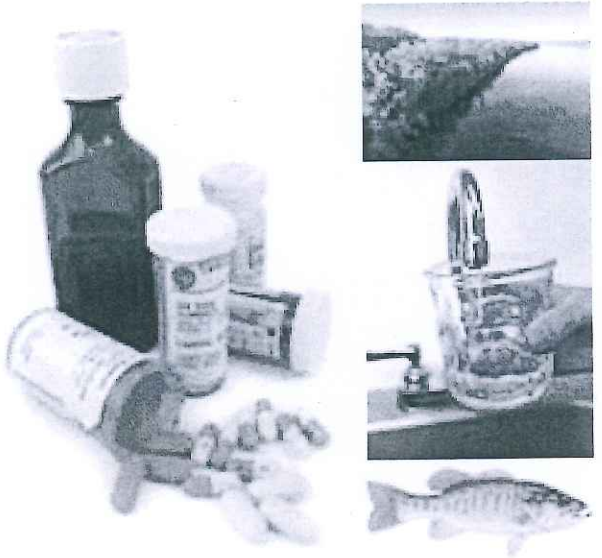
PROTECTING PEOPLE. REDUCING RISK.™

DOCUMENT 1

Stericycle
Rx Waste Compliance Service

Purpose of the Program

- Wheaton Franciscan Healthcare is implementing a program to manage and collect NON-NARCOTIC Pharmaceutical (Rx) Waste



- This program provides a process to:
  - Identify
  - Manage
  - Properly dispose

  of all hazardous and non-hazardous pharmaceutical waste according to local, state and Federal regulations

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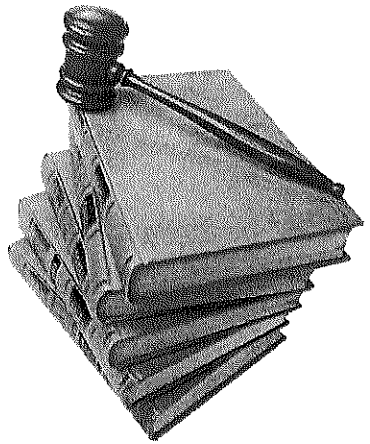
Rx Waste Compliance Service

Healthcare Facility Requirements

- Be good stewards of our environment
  - Some medication waste is hazardous to our environment and requires special disposal
- Correctly identify and manage all Hazardous Waste
- Follow all Agency requirements that may regulate Rx waste management. These may include:
  - USEPA (Environmental Protection Agency)
  - State of Wisconsin
  - The Joint Commission (TJC)
  - DEA (Drug Enforcement Administration)
  - DOT (Department of Transportation)
  - POTW (Publicly-Owned waste water Treatment Works)



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Rx Waste Compliance Service

Training Objectives

- Explain regulatory requirements of the program
- Describe waste processes that <u>are not</u> affected or changing
- Describe the Rx identification process used by Pharmacy that indicates where various Rx wastes need to be disposed
- Demonstrate how Rx wastes will be disposed and managed

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Rx Waste Compliance Service

Employee Training

- Personnel must be trained if handling hazardous waste
  - Employees whose responsibilities include hazardous waste management, storage, transport, or recordkeeping require hazardous waste training.
  - WFH Wisconsin hospitals are classified as **LARGE QUANTITY GENERATORS (LQG)** therefore employees must receive initial training within **six months** of the date of their employment or a change in job requirements.
    - Annual training thereafter
    - Training records kept

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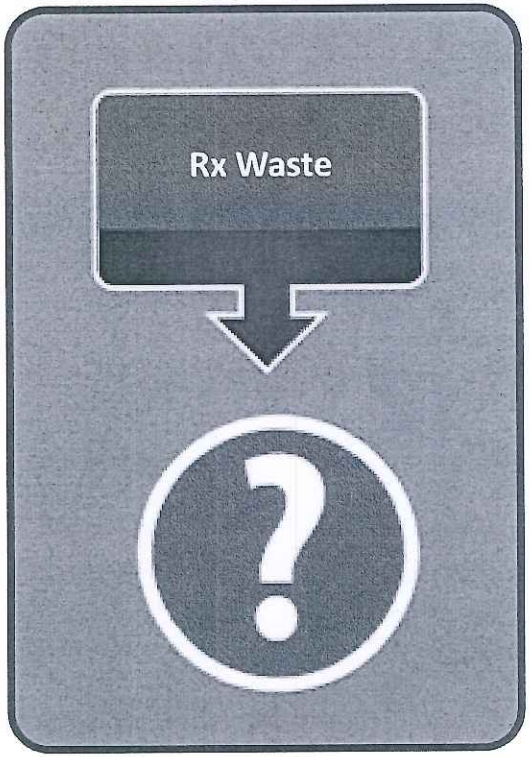
Rx Waste Compliance Service

Healthcare Waste Streams

Our process for RX waste in the <u>past</u> included:



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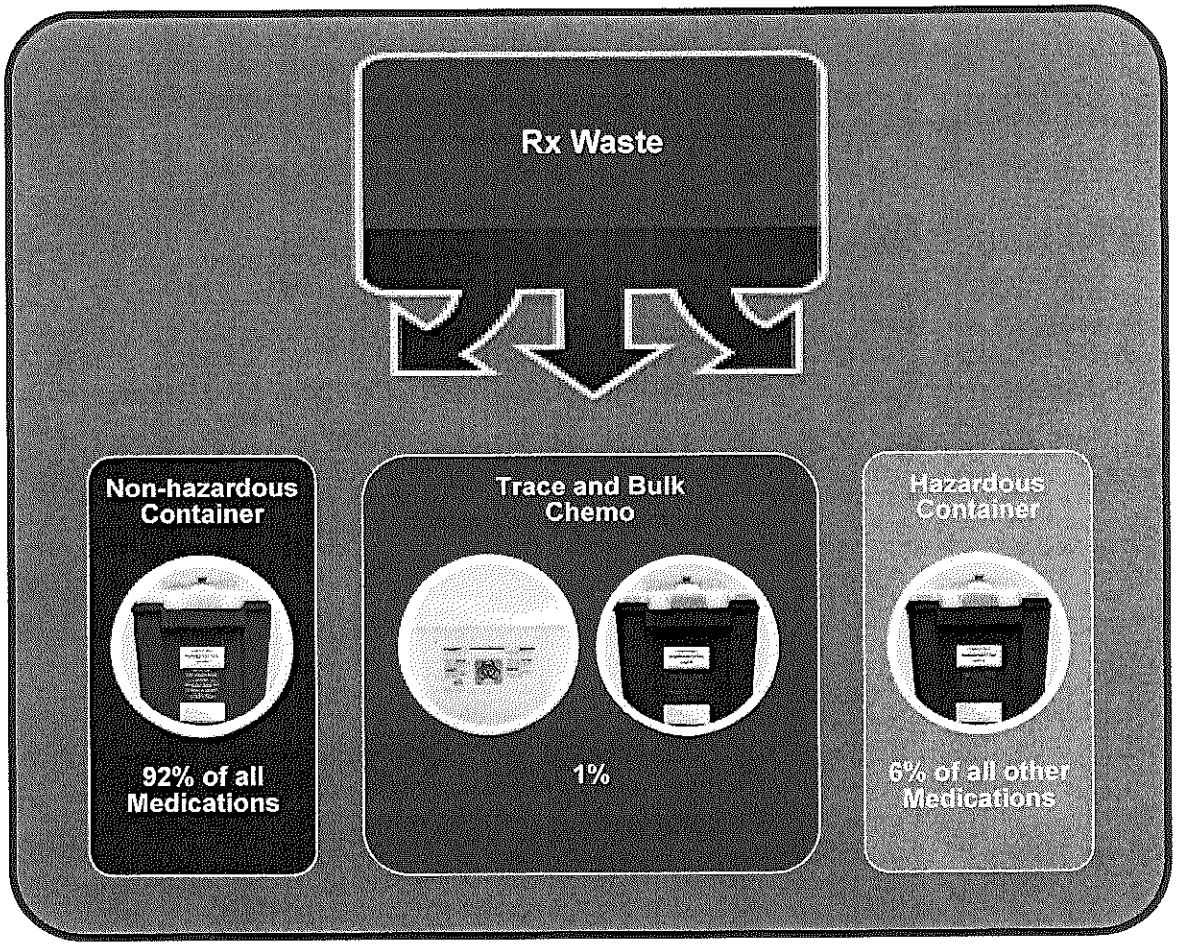
Rx Waste Collection

The NEW Process for RX waste will be:



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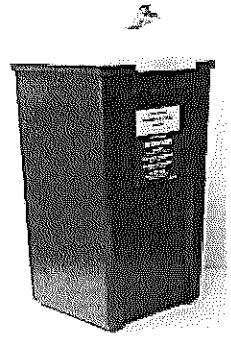
Rx Waste Compliance Service

Rx Waste Streams



- **Non-Hazardous** Rx Waste is disposed of in **BLUE** Rx waste container
  - **~ 92 % of all Rx Waste**
  - **No identifier or message**

- **Identified Hazardous** Rx waste is disposed in **BLACK** Rx waste container
  - **~ 6 % of all Rx Waste**

- **Identified Incompatible** Rx waste is placed in baggie and **Returned to Pharmacy**
  - **~ 1% of all Rx Waste**